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SLU Hospital Plans Stroke-Care Network

By Mary Jo Feldstein

Patients suffering from strokes have the best chance of recovery if certain specialized protocols are followed quickly after symptoms begin, a decade of research shows.

However, a lack of training and time constraints prevent most patients — particularly those receiving treatment at smaller hospitals — from receiving this care.

Community and rural hospitals hope to improve their patients' odds of recovery through a stroke-care network scheduled to begin this later month at St. Louis University Hospital. Hospitals interested in taking part will be able to participate in a launch event on Tuesday.

Similar initiatives exist in other parts of the country. Barnes-Jewish Hospital received a National Institutes of Health grant to provide help to hospitals caring for stroke patients. Barnes-Jewish currently provides these services to two hospitals.

So far, dozens of hospitals across the bistate area have expressed interest in SLU's program.

SLU Hospital is one of only a handful of area hospitals, including Barnes-Jewish, designated by the Joint Commission — health care's leading accrediting agency — as a Stroke Center of Excellence.

SLU Hospital hopes to use this expertise to help other hospitals quickly evaluate patients on arrival, follow quality guidelines for effective stroke care and, if necessary, move patients to another facility for treatment.

The network also will try to educate emergency medical technicians on the symptoms of stroke and which hospitals offer which treatments. A new Missouri law requires emergency medical professionals to take stroke patients to a designated center of care first rather than the closest facility. (A bill to improve stroke care in Illinois has yet to pass.)

"The purpose of the network is for us to serve as a resource — if you need us, call us," said Dr. Salvador Cruz, director of the university's Souers Stroke Institute and creator of the network.

In many cases, transfers will be necessary. A critical part of effective treatment for most strokes is administering tissue plasminogen activator, or tPA, within three hours of the

onset of symptoms.

Tissue plasminogen activator is a blood clot-busting drug that can limit future paralysis and loss of speech if given correctly. However, it also can cause harm if administered improperly, so many hospitals don't feel comfortable administering it. Research shows fewer than 10 percent of patients receive the drug.

Eventually, Cruz hopes, 15 percent or more of patients treated by the hospitals in the stroke network will receive the drug within the three-hour window.

The network's services will include 24-hour access to SLU's stroke specialists and technology as well as training sessions, quality monitoring and express transportation for stroke patients to SLU. Hospitals in the network also can send stroke patients to other hospitals if they prefer.

In many cases, transfers will be necessary because the hospitals will not have staffed trained in administering tPA.

In the future, the network might be enhanced to include live two-way video interaction between SLU specialists and patients, families and staff at the network hospital.

To start, Dan Kernebeck, a registered nurse and SLU Hospital's evidence-based medicine manager, will work with network hospitals to implement best practices. These protocols might include how to quickly and accurately access patients' conditions and to provide transportation to another facility if necessary.

Days after the stroke, many patients who are transferred will eventually wind up back at the originating hospital for continued treatment. Kernebeck will work with the hospitals on how to provide follow-up care and how to educate patients and their families about at-home care.

He hopes the hospitals will learn from each other's experiences as well.

"It's all about sharing best practices and really working together in a combined effort," he said.